

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	7112			
O.I.P.E. CLASSIFIER		10/	10103.00	
FORMALITY REVIEW	AM	12396	10/10	
RESPONSE FORMALITY REVIEW	TZ	Je947	5 20/D1	

INDEX OF CLAIMS

	Rejected	N	
_	(Through numeral) Canceled	I A	
÷	Restricted	0	

	÷	Restricted	0	Objected	t
Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final	
2 1	++++	51 52		101	
3 4		53		102	
5		65		104	
6 7		56		105	
8		57 58	+++++	107	
9 10		59		109	+++++
11		61	++++-	110	
13		62		112	
14		64	++++	113	
15		65 66		115	
17		67		116	
18 19 20		(68)		118	
	-	70		119	+++++
21 22	- - - - 	71 72		121	
23		73		122	
25	╶┼┼┼┼┼┤	74 75		124	
26		76		125 126	
28	- 	77 78	++++	127 128	
30		79		129	
(31)		81	++++	130	
32 33 33	╫┼┼┼┤├	82 83		132	
34		84		133	
36		85 86	+	135	
37		87		137	┝┼┿┼┼┤
39	 	88	$+++\mp$	138	
40	+++++	90		140	-+++-+-
41 42	╁╁┼┼┤├	91 92	++++	141	
43		93		143	++++
45		94 95	++++	144	
47	++++	96		146	
48		98	╁╁╁┼┤╏	147	
50	++++	100		149	++++ +
		1.54		150	

If more than 150 claims or 10 actions staple additional sheet here